

GENERAL RELIEF OPPORTUNITIES FOR WORK**DOMESTIC VIOLENCE SERVICES VERIFICATION**

To: _____

From: _____

GROW Site: _____

Address: _____

GSW Name: _____

L _____

L _____

J _____

A. PROVIDER CERTIFICATION

As an authorized employee of the agency named above, I certify that the individual named below is receiving **Domestic Violence** services to assist him/her overcome barriers to employment. I understand that payment to contracted service providers is contingent on the GROW participant maintaining eligibility for General Relief assistance and complying with all requirements, assuming that the provider has been notified of the non-compliance by DPSS.

Name/Title/Signature of Authorized Person_____
Date Signed_____
Phone Number_____
Fax Number**B. PARTICIPANT IDENTIFICATION**

1. Name (first/last): _____
2. Social Security Number: _____
3. DPSS Case Number: _____
4. Date Services Began/Will Begin: _____

C. DOMESTIC VIOLENCE

5. Participant is receiving domestic violence services and is participating 20 hours or more per week? Yes ☐ No ☐
6. Participant is participating in domestic violence services less than 20 hours per week? Yes ☐ No ☐
7. Participant is participating in domestic violence services _____ hours per week.

D. FOR DPSS USE ONLY (check only applicable boxes)

8. Participant is currently participating in GROW activities? Yes ☐ No ☐
If so, please provide effective date _____
9. Participant is not eligible to participate in GROW activities? Yes ☐ No ☐
If so, please provide termination date _____
10. Participant is no longer participating in GROW? Yes ☐ No ☐
If so, please provide effective date _____

GROW Case Manager Signature_____
Date_____
Phone Number**E. PARTICIPANT AUTHORIZATION**

I authorize the Department of Public Social Services to release information to the above treatment or services provider regarding the status of my GROW/General Relief application/case as it applies to my participation in Domestic Violence services.

Participant's Signature_____
Date